

## ADDENDUM TWO

**DATE:** July 22, 2013

**TO:** All Vendors

**FROM:** Julie Dabydeen/Pete Kroll, Buyers  
 State Purchasing Bureau

**RE:** Questions and Answers for RFP Number 4389Z1  
 to be opened August 9, 2013 2:00 PM Central Time

Following are the questions submitted and answers provided for the above mentioned Request For Proposal. The questions and answers are to be considered as part of the Request For Proposal.

QUESTIONS	ANSWERS
<p><b>1.</b> Performance Bond, Page 16– the RFP states that “contractor may be required to supply a certified check or a bond executed by a corporate authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the certified check or bond must be ten percent (10%) of the contract amount.” Will you be requiring this for this contract or is this just standard language that will not be executed?</p>	<p>This decision is made on a case by case basis and will be determined upon award of the contract.</p>

QUESTIONS	ANSWERS
<p><b>2.</b> The overview indicates that “the review will include a targeted review of plans for residents in the health care priority group as identified by DHHS.</p> <p>Has the size of the priority group been identified? If not, can an estimate be provided?</p> <p>Will the contractor be able to provide input into the final decision on individuals chosen for the priority group?</p>	<p>10% of the estimated identified high risk group. The contractor will be able to provide input, but the group will ultimately be defined by the Division. This will not exceed 10 individuals.</p>
<p><b>3.</b> It is clear that the peer review will be conducted annually. However, the completion timelines as noted in #1-5 extend from 6 to 11 months. This is somewhat confusing since peer reviews are generally conducted on site over a specific period of time (i.e., 2-4 days). Please clarify. Is there a specific time frame for the conduct of the onsite peer review?</p>	<p>The review does not need to be completed on-site. It can be done remotely. The peer review may be spread throughout the year.</p>
<p><b>4.</b> The Scope of Work related to nursing services is very specific in regard to the number of nursing care plans to be reviewed. However, this is not specified for medical or therapy services. Does this assume that these two disciplines would review only individuals in the priority group?</p>	<p>The expectation is twelve (12) annually for Physicians and eight to twelve (8-12) annually for therapy services.</p>
<p><b>5.</b> Is there an expectation for a certain number of onsite days per year and if so, what is it?</p>	<p>No expectation for a certain number of days on site, the reviews could be done off-site or through the use of video conferencing or other electronic technology.</p>
<p><b>6.</b> The completion timeline for the discipline specific reviews are six months for the nursing review and 9 months for the medical and therapy reviews. However, the completion timeline for a corrective action plan is eleven (11) months. Is it the expectation that recommendations would not be made in the discipline specific reports but rather presented as a separate report at a later date?</p>	<p>The expectation is for recommendations to be included in the discipline-specific reports, then summarized in a final report. If needed, a proposed corrective action plan should be submitted to BSDC by the contractor.</p>

QUESTIONS	ANSWERS
<p><b>7.</b> Is the expectation that the nurse consultant(s) would conduct the peer review of the priority group as well as conduct separate reviews of the 27 nursing care plans? Would the review of the nursing care plans be conducted onsite or offsite?</p>	<p>There is no review of the priority group in the Scope of Work involving nursing care plans. This could be done off-site or through the use of video conferencing or other electronic technology.</p>
<p><b>8.</b> Project Requirements, section IV.C. The RFP states that “consultants will be provided within thirty (30) days of contract start date”. Does this mean that you do not intend for responders to provide CVs or bios on proposed team members in their response?</p>	<p>We do not intend for responders to provide CVs or bios in their response. We will need this information after the contract has been awarded.</p>
<p><b>9.</b> Section IV.D.1. In regard to the development of the review tools, can you outline your expectations for this process? Will the contractor need to provide drafts of the tool for approval? Are there any expectations as to how the scoring system will work or are you looking for the contractor to suggest this based on their experience?</p>	<p>Based on discussions with the contractor, a plan will be devised to incorporate requirements from Center for Medicare and Medicaid Services and the Department of Justice. Furthermore, the inclusion of pertinent meaningful data using the current standard of care will be reflected by evaluation tools used to score the data. BSDC will have final approval of the tools.</p>
<p><b>10.</b> The contract states the contractor shall provide an Occupational Therapist or OT but the systems to be peer reviewed include all Habilitation Therapies (PT, OT, and Speech), therefore does the consultant have to be a licensed OT or may it be a clinician with expertise in the areas to be peer reviewed?</p>	<p>No, the consultant does not have to be a licensed OT, he/she may be a clinician with expertise in the areas to be peer reviewed.</p>
<p><b>11.</b> Are there guidelines that will be provided by DHHS that will assist the contractor in developing the comprehensive review tools outside of the general areas identified as part of the RFP?</p>	<p>Yes, based on item 9 of the Department of Justice/CMS Settlement Agreement. The agreement may be found at:  <a href="http://www.ada.gov/olmstead/documents/nebraska_settle.pdf">http://www.ada.gov/olmstead/documents/nebraska_settle.pdf</a></p>
<p><b>12.</b> Is the intent for the comprehensive review tool to reflect the provisions outlined in the USDOJ Settlement Agreement and/or the Federal ICF Regulations?</p>	<p>Yes</p>
<p><b>13.</b> Will interaction with the appropriate BSDC team members be encouraged when developing corrective action plans?</p>	<p>Yes</p>

QUESTIONS	ANSWERS
<p><b>14.</b> What involvement, if any, will the contractor have in assisting with the implementation of the identified and developed corrective action plans and/or monitoring their implementation?</p>	<p>BSDC will be responsible for its own response in relation to the proposed corrective action plans. That is not the responsibility of the contractor.</p>
<p><b>15.</b> Will the review of health care providers include pharmaceutical aspects of their practice (i.e. prescriptions, drug regimen reviews)?</p>	<p>Yes, the problem lists of the individual should be consistent with medications that are prescribed.</p>
<p><b>16.</b> Is proof of insurance to be sent with the proposal or after an intent to award is received?</p>	<p>Proof of insurance may be submitted in the proposal or must be provided upon written request of the Department of Administrative Services.</p>
<p><b>17.</b> Is there a maximum budget amount for this project?</p>	<p>No. Bidder must present their best proposal at the best cost.</p>